

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

<div style="display: flex; justify-content: space-between;"> <span>10/20/04</span> <span>REQUEST FOR PATENT FEE REFUND</span> </div>																																		
1 Date of Request: <u>09/668,482</u>	2 Serial/Patent # <u>09/668,482</u>																																	
3 Please refund the following fee(s):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">4 PAPER NUMBER</th> <th style="width: 20%;">5 DATE FILED</th> <th style="width: 50%;">6 AMOUNT</th> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>X</td> <td>1460</td> <td>\$130.</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> </table>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT			\$			\$			\$			\$	X	1460	\$130.			\$			\$			\$			\$			\$
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7 TOTAL AMOUNT OF REFUND <span style="float: right;">\$130.</span>																																		
8 TO BE REFUNDED BY:																																		
Treasury Check Credit Deposit A/C #:																																		
9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																		
10 REASON:																																		
Overpayment Duplicate Payment No Fee Due (Explanation):																																		
11 REFUND REQUESTED BY:																																		
TYPED/PRINTED NAME: <u>Irving Dingle</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>[Signature]</u> PHONE: <u>(510) 272-3210</u> OFFICE: <u>PPH</u>																																		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>10/20/04</u>																																		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*